## OMB Control Number 3060-1188

Date:

All Filers Must Fill Out

| By initialing below, I certify that all statements contained in the attached form are true and accurate to the best of my knowledge, have undertaken due diligence to obtain knowledge regarding these claims. | and that |
|--|----------|
| Certifier's Initials: Desum Andre Date: 11 - 5 - 14  |          |
|  |          |
| Notice of Challenge Certification  |          |
| (Served to Unserved and Unserved to Served Challengers Fill Out One of the Following Blocks - Respondents Do Not Fill Out)   |          |
| Service of Notice Successful   |          |
| By initialing below, I certify that notice of this challenge has been served on all interested parties.  |          |
| Certifier's Initials: DA   |          |
| Date: // - 5 - /4  |          |
| Service of Notice Unsuccessful   |          |
| By initialing below I certify that, following a good faith effort, I was unable to serve notice of this challenge on all interested parties  | due to   |
| lack of information regarding the address of such parties.   |          |
| Name of Party/Parties  |          |
| that Could Not Be  |          |
| Served:  |          |
| Certifier's Initials:  |          |

Accuracy and Due Diligence Certification

The certifications on this page are subject to the penalties for false statements under 18 U.S.C. 1001.